

Political Organization Notice of Section 527 Status

Part I

<input checked="" type="checkbox"/> Name of organization Frank for Representative		<input checked="" type="checkbox"/> Pending
<input checked="" type="checkbox"/> Mailing address (P.O. Box or number, street, and room or suite number) 23419 State 87		91-2065370
<input checked="" type="checkbox"/> City or town, state, and ZIP code NEVIS MN 56467		
<input checked="" type="checkbox"/> E-mail address of organization		
<input checked="" type="checkbox"/> Name of custodian of records Carol NELSON	<input checked="" type="checkbox"/> Custodian's address 18672 County 20 Park Rapids MN 56470	
<input checked="" type="checkbox"/> Name of contact person Carol NELSON	<input checked="" type="checkbox"/> Contact person's address 18672 County 20 Park Rapids MN 56470	
<input checked="" type="checkbox"/> Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <input checked="" type="checkbox"/> City or town, state, and ZIP code		

Part II

☒ Describe the purpose of the organization
Committee to Elect Floyd Frank for
State Representative DIST 4B

Part III

(see instructions)

Name of related entity	Relationship	Address



